



CLARK COUNTY • DEPARTMENT OF AIR QUALITY

4701 W. Russell Rd., Suite 200 • 2nd Floor • Las Vegas, NV 89118-2231
(702) 455-5942 • Fax (702) 383-9994

For DAQ Use Only

Declaration of Responsible Official

Date: _____

Source ID #: _____

Source Name: _____

This completed form, or a letter on company letterhead with original ink signature(s) containing this same information, must be submitted before the requested change or addition will be valid.

Select One Option:

☐ I will assume the role of Responsible Official, with full scope of responsibilities for the certification of all communications, letters, reports, notifications, invoices, permits, and applications, for this operating permit.
(Fill out contact information and sign below as New Responsible Official).

I will replace this current Responsible Official: _____.

☐ I am requesting an additional Responsible Official, with full scope of responsibilities for the certification of all communications, letters, reports, notifications, invoices, permits, and applications, for this operating permit.
(Complete contact information for the additional Responsible Official.)

Responsible Official contact information (Complete all fields in print or type):

Name: _____

Address: _____

City: State: Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Primary method of receiving communication from Air Quality:

E-mail (all letters, reports, notifications, invoices, permits and applications will be transmitted electronically, unless otherwise required by regulation or law). If no e-mail address is not provided, all items will be sent via U.S. Postal Service or Federal Express.

Pursuant to Clark County Air Quality Regulation 12.4.3.1(e)(9) for **Title V Operating Permits**, or 12.1.3.6(a)(5) for **Minor Source Operating Permits**, I certify that, based on information and belief formed after reasonable inquiry, the statements and information in this document are true, accurate, and complete.

Signature of **Current** Responsible Official (Sign in blue or black ink)

Signature of **New** Responsible Official

Title: _____ Title: _____

This form must be received by DAQ with original ink signature(s) and therefore cannot be transmitted electronically.